

Keeping Well, Promoting Independence

# A Joint Health and Wellbeing Strategy

2015 – 2020



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# 1. Foreword

As one of the most important responsibilities of the Health and Wellbeing Board (HWBB), our Joint Health and Wellbeing Strategy (JHWB) provides the framework and direction for local commissioning and service planning.

Our new Joint Strategic Needs Assessment (JSNA) – on which our JHWB Strategy is based – tells us that thankfully on average people in Barnet are living much longer. However, it is the health and wellbeing quality of that longer life which our Joint Health and Wellbeing Strategy seeks to improve – adding life to years not just years to life.

Using our recently updated and renewed JSNA as an evidence base, we outline our priority areas for action to meet our ambition to keep our residents well and to promote independence; we are particularly concerned with improving the health and wellbeing of people with mental health problems and those increasingly affected by dementia.

As Chairman and Vice Chairman of the Health and Wellbeing Board and reflecting the truly joint nature of the JHWB Strategy, we are absolutely committed to its implementation. With help and support from pregnancy and throughout the life course and recognising the vital role that carers play, we hope to inspire residents and partners with our plans and look forward to working together to achieve the most positive impact possible for our residents over the next few years. Of paramount importance is our emphasis on prevention, self-management, early intervention to prevent disease and secondary intervention – so vital to slowing the progression of disease.

We would like to thank the wide range of partners who have contributed to the development of the JHWB Strategy especially all those residents who took the time to feed into the consultation; your opinions are much valued and we have reflected many of these in the final JHWB Strategy.



A handwritten signature in blue ink that reads "Helena Hart." with a long, sweeping underline.

**Councillor Helena Hart**

Chairman,  
Barnet HWBB



A handwritten signature in blue ink that reads "Debbie Frost."

**Dr Debbie Frost**

Vice Chairman,  
Barnet HWBB and  
Chair of Barnet Clinical  
Commissioning Group

## 2. What we are trying to achieve

Barnet is a great place to live and is now the largest borough in London by population. People in Barnet can expect to live longer and in better health than in many parts of London and England as a whole. This is not by chance but is linked to a range of factors including levels of family support, lifestyle, wealth, access to healthcare and green spaces, as well as the ability to access the right support when needed.

While the overall picture is positive, the current Barnet Joint Strategic Needs Assessment (JSNA) has shown that there are marked differences in health and wellbeing outcomes, between places and different demographic groups, within Barnet. With less and less public money available, the JHWB Strategy aims to align and combine our efforts on a focused list of priorities where together we can make the largest impact to reduce health inequalities.

The JHWB Strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing

of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing.

We hope to inspire and encourage both individuals and partners with the JHWB Strategy and our vision for health and wellbeing in Barnet; we will do this through the following approach:

- providing a shared vision and strategic direction across partners
- continuing the emphasis on prevention and early intervention including secondary prevention (slowing the progression of disease)
- making health and wellbeing a personal agenda as well as increasing individual responsibility and building resilience whilst ensuring provision for people with complex needs and/or special access needs
- joining up services so residents have a better experience
- developing greater community capacity; increasing community responsibility and opportunities for residents to design services with us

- strengthening partnerships to effect change and improvement
- putting emphasis on working holistically to reduce health inequalities in order to enhance each individual's health and wellbeing.

It is our vision for Barnet residents, where appropriate, to be able to far better manage their own health and wellbeing. Barnet has a strong foundation for using resources within local communities with 88% of residents satisfied with their local area and 90% of residents saying that they help their neighbours out when needed (Resident Perception Survey, autumn 2014). 28% of residents volunteer regularly (weekly or monthly) and over 1,400 voluntary and community sector organisations are active in the borough.

The JHWB Strategy reflects Barnet's Strategic Equalities Objective that:

**‘Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the taxpayer.’**

In September 2015 Barnet became the first London Borough to sign a faith covenant. The All Parliamentary Party Covenant for Engagement between Faith Communities and Local Authorities sets out how Barnet council and faith groups can work together in the borough. The Covenant will be upheld in the design and delivery of the activities described in the JHWB Strategy as faith communities are a valuable partner for improving health and wellbeing in the borough.

The Health and Wellbeing Board and its partners are well placed to seek to improve wellbeing and tackle inequalities locally. Organisations, partners and residents tell us that they all want the same thing – to keep well and promote independence. This strategy is a guide as to how, together, we can have the biggest impact.

We have consulted widely on the JHWB Strategy not only to ensure that people feel it is appropriate but also to embed our vision across the public sector and to develop joint services to make the biggest difference.

## Aims

The Joint Health and Wellbeing Strategy has two overarching aims consistent with the aims of the previous strategy:

### 1. Keeping Well

Based upon a strong belief that ‘prevention is better than cure’, the JHWB Strategy aims to begin at the very earliest opportunity by giving every child in Barnet the best possible start to live a healthy life. It aims to create more opportunities to develop healthy and flourishing neighbourhoods and communities as well as to support people to adopt healthy lifestyles in order to prevent avoidable disease and illness.

### 2. Promoting Independence

The JHWB Strategy aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing. It also aims to ensure that when extra care is needed, this is delivered in a way which enables everyone (children, young people, adults and older people) to regain as much independence as possible, as soon as possible, and as ever supported by health and social care services working together. possible, and as ever supported by health and social care services working together.

It is our aim that the JHWB Strategy should be used to inform service planning and service development across the public, private and voluntary and community sectors in the borough. Barnet’s Health and Wellbeing Board is responsible for the development of the JHWB Strategy and for overseeing its implementation. Further information about the Barnet Health and Wellbeing Board, its membership, subgroups and associated groups can be found at the Appendix.

## Themes and priorities

Annually the Health and Wellbeing Board has reviewed the progress made against the previous Health and Wellbeing Strategy (2012 – 2015) and, based on the progress made, has identified a number of priorities. Using the updated JSNA we are now able to review the progress made and redefine our approach for the lifetime of this refreshed JHWB Strategy (2015 – 2020).

Our current Health and Wellbeing Strategy focuses on priorities across four theme areas and these priorities have been retained for the refreshed strategy. The table below gives an overview of the theme areas and the priorities we will focus on within each theme area:

Vision	Theme	Objective	What we will do to achieve our objective
To help everyone to keep well and to promote independence	Preparing for a healthy life	Improving outcomes for babies, young children and their families	Focus on early years settings and providing additional support for parents who need it
	Wellbeing in the Community	Creating circumstances that enable people to have greater life opportunities	Focus on improving mental health and wellbeing for all Support people to gain and retain employment and promote healthy workplaces
	How we live	Encouraging healthier lifestyles	Focus on reducing obesity and preventing long term conditions through promoting physical activity Assure promotion and uptake of all screening including cancer screening and the early identification of disease
	Care when needed	Providing care and support to facilitate good outcomes and improve user experience	Focus on identifying unknown carers and improving the health of carers (especially young carers) Work to integrate health and social care services

Our efforts across the priorities will have a cumulative positive impact. Our aspirations for all children, young people, adults and older people are embedded across the theme areas.



### 3. Where we are now

#### Barnet at a glance

The latest Barnet JSNA, formulated in 2015, is an impartial and up-to-date evidence base to be used as an effective means for joined up decision making across all sectors. The JSNA provides the data and information from which we can determine our priorities. The key headlines from the JSNA are:

- Barnet is now the largest borough in London by population (projected to be 367,265 by the end of 2015) and is continuing to grow. The highest rates of population growth are forecast to occur around the planned development works in the west of the borough, with over 113% growth in Golders Green and 56% in Colindale by 2030

**↑ 367,265**  
**Barnet population projected to be by the end of 2015**

- the west of the borough has generally the highest levels of deprivation in the wards of Colindale, West Hendon and Burnt Oak. There are pockets of deprivation across the borough such as the Strawberry Vale estate in East Finchley and the Dollis Valley estate in Underhill
- Barnet’s population is becoming more diverse, driven predominantly by natural change in the established population. The highest proportion of the population from white ethnic backgrounds are found in the 90 years and over age group (93.3%) whereas the highest proportion of people from Black, Asian and minority ethnic (BAME) groups are found in the 0 – 4 age group (55.4%). The wards of Colindale, Burnt Oak and West Hendon have populations of whom more than 50% are from BAME backgrounds
- in Barnet, as in the rest of the country, women have a higher average life expectancy (85 years) than men (81.9 years). The life expectancy of men has increased at a higher rate than that of women, reducing

the life expectancy gap between genders from 5.1 years (1991/93) to 3.1 years

#### Life expectancy gap reducing



- the life expectancy of individuals living in the most deprived areas of the borough are on average 7.6 years less for men and 4.7 years less for women than those in the most affluent areas. By ward, Burnt Oak has the lowest average life expectancy from birth of 78.8 years, 4.2 years behind the Barnet average and 8.3 years behind Garden Suburb, which has the highest life expectancy of 87.1 from birth
- gains in life expectancy have outstripped gains in healthy life expectancy.

This indicates that although women are living (on average) longer than men, a larger proportion of women's lives is spent in poor health; 19.1% (16.2 years) for women and 17.0% (13.9 years) for men

- Coronary Heart Disease is the number one cause of death amongst men and women, followed by Cancer
- due to the projected population increase in those 65 and over, the number of people aged over 65 living with moderate or severe learning disabilities is estimated to rise from 143 in 2015 to 187 in 2030
- in 2015, it is predicted that 56,333 people aged 18 – 64 have a mental health problem
- it is estimated that over 4,000 people in Barnet are living with dementia and even greater numbers of families and friends are adversely impacted by the condition. By 2021 the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide figure of 19%
- during 2013/14, 4,957 people were diagnosed as having had a stroke. The rate of emergency hospital admissions for stroke in Barnet (235.4 / 100,000) was higher than the national rate (174.3 / 100,000)
- in 2013 –14, breastfeeding initiation in Barnet was the 11th highest among all 326 English local authorities and 9th highest among the 33 London boroughs
- Barnet has a relatively low level of smoking prevalence compared with other areas (15% of adults over 18 years, compared to 18.4% nationally)



- Barnet has a relatively high percentage of the adult population with a healthy weight (42.1%). Although the percentage of adults with excess weight (55.7%) (combined overweight 35.2%, plus obese 20.5%) is low compared to the national average it nonetheless covers a large proportion of the adult population. Barnet also has a high percentage of underweight adults (2.3%) compared to the national level (1.2%)
- for children aged 4 – 5 years, the percentage of excess weight (overweight and obese)

was 21% in 2013/14 was lower than London (23.1%) and England (22.5%) averages and has declined over the past five years. However, the proportion of excess weight for children aged 10 –11 years has increased to 34.4% in 2013/14 compared to 33.6% in 2012/13 this is similar to the national rate but still lower than the London region (37.59%)

- Barnet is ranked 16th and 14th out of all London boroughs in relation to 'life-satisfaction' and 'worthwhileness' wellbeing scores out of the 33 London boroughs. Both of these indicators have experienced a decline in Barnet since 2011. Resident satisfaction levels vary throughout the borough peaking in Finchley Church End, Garden Suburb and Totteridge with satisfaction being lowest in Burnt Oak.

The full JSNA can be accessed here:

[www.barnet.gov.uk/jsna](http://www.barnet.gov.uk/jsna)

## Policy context

Although it has only been three years since the last JHWB Strategy the policy context has moved on greatly with a number of major legislative changes and policy developments.

Locally, the council approved its Corporate Plan<sup>1</sup> (2015 – 2020) in April 2015 which strives to ensure that Barnet is the place of opportunity, where people are helped to help themselves, where responsibility is shared and where high quality services are delivered effectively and at low cost to the taxpayer. The council's Corporate Plan sets the framework for each of the commissioning Committees' five year commissioning plans. Whether the plans are covering social care services or concern universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes – the principles of fairness, responsibility and opportunity. With the Corporate Plan, the JHWB Strategy will provide strategic direction to council strategies and action plans, including those on housing, regeneration, transport, employment and business.

<sup>1</sup> Barnet Council's Corporate Plan (2015-2020) <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance.html>

The Barnet Clinical Commissioning Group's (BCCG) Five Year Strategic Plan (2014 – 2019) outlines its strategic vision to work with local people to develop seamless, accessible care for a healthier Barnet. BCCG goals are to promote health and wellbeing; transform primary care; ensure the right care, first time and develop joined up care.

Nationally it is proposed that GPs provide services on a seven-day a week, 8am – 8pm basis by 2020. BCCG had submitted a collaborative bid with Enfield CCG in partnership with Barnet constituent GP federated networks regarding the Prime Minister's Fund – Wave Two. Although the bid was unsuccessful the proposals explored networks delivering extended access (8am to 8pm, seven days a week) and digital primary care.



The continuing financial pressures across the health and social care economy underlies the importance of changing the way in which we work for example crossing organisational boundaries and providing services in a more collaborative and effective way.

NHS England approved the council and BCCG joint Better Care Fund bid in January 2015 which laid out how we plan to better care for people with complex needs. Barnet's Better Care Fund represented a single pooled budget of £23,312,00 for 2015/16, to support health and social care services to work more closely together. The council and BCCG are working together, within the Health and Social Care Integration model, to deliver a robust programme of work including Healthy Living Pharmacies and Barnet's Integrated Locality Team (BILT).

The Five Year Forward View, published in October 2014 by NHS England, set out a radical increase in emphasis on prevention and public health focusing on greater individual and community control and responsibility through a new relationship with patients and communities. Four new models of care are identified in the NHS England planning guidance for the Five Year Forward View including multispecialty community providers, integrated primary and acute care

system, additional approaches to creating smaller viable hospital and models of enhanced health in care homes. Relevant here is the shift to local determination of how resources are most effectively deployed, one example is the Great Manchester devolution deal with NHS England, this would enable decisions to be made closer to the population being served.

In 2014, NHS England asked for CCGs to put forward their bids for co-commissioning (with NHS England) of primary care. The North Central London (NCL) CCGs' Co-Commissioning application to be involved at Level 2 decision making only has been approved. Following changes to their constitutions, the CCGs in NCL (Barnet, Enfield, Haringey, Camden, Islington) will be able to collaborate to decision-making within the Joint Co-Committee arrangements set out by NHS England.

The Care Act 2014, the most comprehensive overhaul of social care since 1948, provided an opportunity to build on and improve the care and support that we deliver. The Care Act called for care to be focused on the individual, their needs and their wellbeing, including increasing the importance of individuals choosing who they buy their care from. The Care Act has also put carers on an equal platform as their cared for

in terms of eligibility for support. The Care Act came into force on 1 April 2015 and is therefore a key driver in refreshing the JHWB Strategy alongside challenges of increased demand for adult social care support.



## Increased demand for adult social care support

The Children and Families Act, another major piece of legislation, was implemented in September 2014. In particular, the Act introduced a single assessment process, Special Educational Needs (SEN) reforms (including Education, Health and Care plans replacing statements) and a comprehensive local offer of services available to children, young people and their families. The council and BCCG have been working together to implement changes including cross-over with the Care Act.

In December 2012, the Department of Health published the Winterbourne View Concordat. This has developed into the Transforming Care programme of action designed to transform services for people with learning disabilities, autism and mental health conditions. There is ongoing work in Barnet to improve and adapt current services, such as a new model for community learning disability services, embedding new care and treatment review processes to include people at risk of admission and a new Learning Disability Skills and Competency Framework for staff.

The JHWB Strategy also considers wider influences on health and wellbeing such as changes to the welfare and benefits system, housing policy and developments in the built environment.

We are aware that the policy context is likely to change in the lifetime of the JHWB Strategy and while we will be as flexible as possible in order to meet these demands, our ambition and priorities are unlikely to change.

## 4. Preparing for a healthy life

### Highlights

The council, BCCG and voluntary and community sector have been working hard to implement the reforms from the Children and Families Act (2014) in order to be compliant to deliver a system designed around the needs of children and able to support them until they are 25.

We have developed our commitment to improving the life experiences of children and young people with complex disabilities into a vision for a new and improved 0 – 25 disability service which aims to foster resilience and independence. The new service intends to reduce the ‘cliff-edge’ of care our young people and their families often report during the transition from children’s services to adults. The council is working to align with BCCG as the same service challenges are experienced by young people and their families accessing health services.

New models of health visiting and school nursing have been completed in time for the transfer of the responsibility of services from NHS England to the local authority in October 2015.

The Healthy Children’s Centre Project supports Children’s Centre staff and health professionals to work together to provide high quality services to support young children and families’ health and wellbeing. Taking a whole family approach the project has focused on a range of health and wellbeing outcomes such as involving families in healthy eating, reducing obesity through healthy lifestyles, promoting successful breastfeeding and children’s oral health. An Oral Health Co-ordinator, started in 2014 and has trained staff to deliver the Brushing for Life Programme (promoting effective tooth brushing and fluoride’s indisputable role in preventing tooth decay). Oral Health Champions in Children’s Centres have also been identified. Schools in areas of high deprivation or with a high number of overweight children have been prioritised.

At centres for children, baby clinics (or self-service weighing services at centres without baby clinics) are providing a valuable opportunity for centre staff to engage with new families about services and support available.



### Engaging with new families at children’s centres

#### What does Barnet’s JSNA tell us?

##### Population growth

- the 0 – 15 age group shows growth at a greater rate than the 16 – 64 age group until 2026, after which the child population is expected to decline slightly. This pattern of growth suggests that families are moving to Barnet with children. The high rates of population growth for children and young people (CYP) is expected to largely occur in wards with planned regeneration works and are predominantly in the west of the borough.

## Deprivation

- overall, in comparison with the national picture, children in Barnet have above average good health, educational attainment and life chances. However, this is not uniform for all children across the borough
- although the number of children living in poverty<sup>2</sup> has reduced slightly from the last Health and Wellbeing Strategy, from 18,000 to 17,330, this remains a significant proportion of children in the borough (21.2%), located notably in the western areas of Barnet. The poor outcomes for children in poverty are well documented especially poor educational attainment and ill health.

## Health

- childhood immunisation rates seem to remain a problem in Barnet with rates worse than the national rates, we will continue to work with NHS England to ensure accurate data is collected. Barnet's Public Health team is looking at immunisation uptake with partners, overseen

<sup>2</sup> According to the 2010 Child Poverty Act, a child is defined as being in poverty when he/she lives in a household with an income below 60% of the UK's average. Throughout the refreshed JSNA and JHWB Strategy child poverty will be defined based upon the definition put forward by the 2010 Child Poverty Act.

by the Health Overview and Scrutiny Committee

- poor dental health is associated with poor health outcomes in later life. Child dental decay is the top cause for non-emergency hospital admissions in Barnet for children



**Poor dental health**

- the number of post-16 pupils remaining in special schools is placing pressure on the availability of places for admission of younger pupils.

## Safety

- keeping people safe is a key component of health and wellbeing. The safety of children in Barnet is overseen by a partnership of colleagues on the Safeguarding Children Board and the Children, Education, Libraries and Safeguarding Committee

- over half of children and young people with a child protection plan have suffered neglect. 65% of known cases of child sexual exploitation (CSE) in Barnet are females in their teenage years. The pattern of CSE in Barnet is wide and varied. Key characteristics have been youth violence or gang related activity and male adults 'talking' to young females and males through the internet.

## What we plan to do

### Improve oral health for children

We will seek to improve access to dental services for children and young people. In June 2015, Healthwatch reported problems with NHS dentists accepting new patients (including children) and have commissioned Homestart Barnet to explore the dentistry experiences of families with young (pre-school children). This study will look at the impact of accessibility to dental services for young children, availability of NHS dental services, family attitudes and opinions to dental care and the availability of clear information on how to access dental services.

For Oral Health Champions, we will increase stakeholder networking and increase community

activity, outside of the classroom and centres for children to ensure that good oral health practices are embedded.

### **Provide effective services for children, young people and their families**

Poor oral health is an indicator of wider difficulties including neglect; we are committed to supporting parents and families to create positive and supportive environments for children. The best chance for intervention with lasting positive impact is during the first 1001 critical days<sup>3</sup> of a child's life which is a critical period for brain development as well as attachment. We aim to improve outcomes for our children and young people through developing a supportive environment so children can thrive in their early years. We will provide a variety of support for parents especially older and first time mothers. All of our centres for children are working towards Healthy Children's Centre Status anticipating five centres will be awarded this status in late 2015. We will continue to support our centres for children to become registered as Healthy Children's Centres by late 2016.

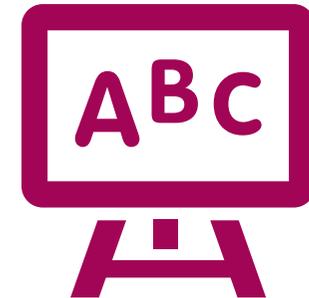
An Early Years review has been undertaken and will be continually reviewed in light of

<sup>3</sup> 1001 Critical Days [http://www.1001criticaldays.co.uk/UserFiles/files/1001\\_days\\_jan28\\_15\\_final.pdf](http://www.1001criticaldays.co.uk/UserFiles/files/1001_days_jan28_15_final.pdf)

emerging legislation. A locality model for centres for children has been developed which supports integrated working with partners with an early years offer being led jointly by BCCG and the council. The model will deliver a broader offer of services which incorporates external provision and builds on community capacity; it will also consider co-location and integration of health services. The offer will aim to improve outcomes and reduce inequalities for children. The locality model focuses on three areas (east/central, south and west) of the borough aiming to improve flexibility, effectiveness and also join up services to create a clear, identifiable Early Years offer which is trusted by residents and facilitates strong support networks. Our partners are key to ensuring centres for children are able to make a positive impact on the health and wellbeing of children and their families.

Pregnancy and the birth of a baby are a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. Promotion of support and linking new parents with early years provision is vital and effective. The Early Years Service provides brokerage and outreach across the borough to seek to ensure all parents of targeted two year olds and universal three and four year olds

access their free entitlement offer. Currently 42% of eligible two year olds and 86% of eligible three and four year olds access their offer. There is a targeted approach to increase uptake as well as to link with employment opportunities.



### **Increasing the uptake of the free early years education offer**

The JSNA identifies Burnt Oak and Colindale as areas of particular need given the levels of deprivation. Just over one third of the children in Burnt Oak and in Colindale are living in low-income families. Burnt Oak is the only ward where the average household income in 2015 – at £25,000 per year – was lower than in 2008. Targeted, multi-agency, place based commissioning programmes have been developed including a GP-led well-being pilot, Love Burnt Oak's Health Coaches funded by the Area Forums, a town centre regeneration project and a multi-agency employment service (Burnt Oak Opportunity Support Team, BOOST).

We will seek to support more of our looked after children locally, especially those with a range of complex needs, enabling them to benefit from the quality of local schools and other local services. We are committed to increasing the number of Barnet children fostered by Barnet foster carers.

From mapping of voluntary and community sector services documented in the JSNA, local voluntary and community sector provision for children is relatively low in the areas where the population of children and young people is forecast to be highest (Colindale and Burnt Oak). Targeted social action, volunteering and employment projects, delivered by our local infrastructure partners, aim to rectify this. Our local infrastructure partners, with the council, will support voluntary and community organisations to deliver services and offer solutions to help sustainability.

The Health and Wellbeing Board recognises and supports the priorities of the Safeguarding Children Board including CSE and Female Genital Mutilation (FGM). The Health and Wellbeing Board has a role to ensure CSE issues are championed across partners.

## How will we know we have made a difference?

Our performance measures for the theme “Preparing for a healthy life” are:

- five of centres for children to be Healthy Children’s Centres by 2016 with all centres being accredited by 2020
- have 85% (65% from vulnerable groups) of families with child/ren under 5 registered and accessing services at centres for children by 2015/16 and 96% (65% vulnerable groups) by 2019/20
- increase the percentage of children in care in Barnet foster care as a percentage of all children in care from 35% (2014/15) to 39% (2015/16) and 53% (2019/20)
- enhance our corporate parenting approach across Barnet by, for example, increasing the percentage of free entitlement early years places taken up by parents/carers (where eligible) from 41% (2014/15) to 50% (2015/16) and 85% (2019/20)
- reduce the prevalence of early childhood dental caries from 6.1% (2013) to the national average (3.8%) by 2020
- remain above the school readiness national average (60.4%) for the percentage

of children achieving a good level of development at the end of reception – 65.4% for Barnet’s children in 2013/14

- increase satisfaction of children and parents with services for children and young people (aged 0 – 25 years old) through the development of our 0 – 25 disability service
- increase uptake of childhood immunisations (six vaccinations) to be at or above the England average
- increase the frequency of occurrences whereby children and young people are engaged and involved in the design, planning and review of services and commissioning processes
- increase social action and voluntary and community sector activity through the work of our Local Infrastructure Partners.

## 5. Wellbeing in the community

### Highlights

The previous Health and Wellbeing Strategy identified excess cold hazards (such as cold homes, the cost of energy bills, social isolation, access to services and risk of falls) as a priority. The Winter Well scheme, led by Regional Enterprise Ltd. (Re), working in partnership with the council, BCCG and voluntary and community sector partners, was successfully delivered in 2014. The scheme aims to reduce negative health outcomes and excess winter deaths by providing practical assistance to the most vulnerable and eligible residents.

To date the scheme has included training and advice to over 110 professionals and 210 residents on energy matters to prevent and reduce fuel poverty. The scheme includes a Winter Well helpline and has provided emergency supplies and services such as heaters, damp proofing and boiler repairs. To date energy switches have saved borough residents a total of £24,004 (total for 97 residents). Warm places have been set up across the borough for people who had difficulty heating their homes and/or found themselves isolated over the colder

months. Seventy new Community Friends (part of Altogether Better) were recruited during the scheme showing the community's response to help others in the event of cold weather.



**Warm places have been set up for people who found themselves isolated over the colder months**

Altogether Better officers work in small geographical localities, have an open door, access to information and small amounts of funding, but most importantly a remit to nurture local solutions and keep people independent. The projects aim to build and unlock community resources and bring people together.

Currently there are four Altogether Better sites covering the following the areas:

- Burnt Oak
- East Finchley
- Edgware and Stonegrove
- High Barnet, Arkley and Underhill.

Activities include Talkie Walkies (walking groups), Wellbeing Cafés and Men in Shed projects. Also, restaurants offer discounted meals for older people as part of the Silver Service initiative (in two localities). We will seek to promote the expansion of these opportunities where the Council engage with providers in relation to Healthy Catering Commitments.

As part of the wider Ageing Well programme, Barnet has borough wide projects. The Barnet Timebank is in its second year; 121 exchanges have included CV help, gardening, befriending, fitness advice and language lessons. There are also a number of volunteer led intergenerational reading groups including for people with dementia and their carers.

The condition of and access to local housing has an important role in the quality of life and health of both individuals and communities. The council has developed a new Housing Strategy (2015 – 2020) which sets out how the council and partners will deliver the additional housing that is required in the borough due to the growing population. The Housing Strategy details how more affordable housing will be provided as well as promoting independence through the provision of wheelchair accessible housing. In Barnet, there are also a number of plans in place to improve housing such as removing health and safety hazards in homes (particularly in the private rented sector), re-locating and improving the quality of an in-house children's home, and work to better understand the causes of homelessness and how to prevent it as part of the Housing Strategy. We are also working with private landlords to ensure good quality private sector housing.

Improving mental health and wellbeing is a key priority. In 2014, BCCG and Barnet Council signed up to the Crisis Care Concordat and the Government emphasised the importance of achieving parity of esteem between physical and mental health; valuing mental health equally with physical health.

Action already taking place includes:

- Barnet Council's Network Enablement Service
- BCCG and the council working with Barnet, Enfield and Haringey Mental Health Trust to improve and modernise the current secondary care services towards a community based model of care delivery within the community
- BCCG South Locality Primary Care Liaison Pilot which is reporting a reduction in secondary care referrals
- the Burnt Oak and Colindale Wellness Service Pilot involving a navigator role to support people through their health and wellbeing journey
- BCCG implementing a locally enhanced service to improve access to primary care for people with mental health problems who are homeless
- reducing the waiting list for IAPT as well as encouraging self-referrals to IAPT
- Public Health has developed a Suicide Prevention Strategy, Working Group and action plan. Self-harm and suicide prevention workshops have been held for professionals and volunteers who work with vulnerable groups
- two public health commissioned employment support services – Motivational and Psychological Support based in local Job Centres and an Individual Placement and Support (IPS) scheme for people with severe and enduring mental health needs and based in community mental health teams
- Barnet is leading a West London Alliance (WLA) programme looking at developing IPS for people with common mental health conditions. Learning from other similar schemes suggests that we should expect to see between a third and a half of people supported gain and retain employment
- a number of befriending schemes running such as Alzheimer's Society supporting people with dementia and their carers and Homestart supporting families.



**Befriending  
schemes  
supporting  
individuals  
and families**

A Barnet Schools Health and Wellbeing programme has been in place since 2013, and is both established and performing well. The emotional health and wellbeing element of this programme offers support to develop programmes, a directory for signposting as well as training to build capacity within schools. We seek to build on existing work in schools which will promote early identification of Tier Two (child adolescent mental health specialists working in community and primary care settings) needs and offer appropriate interventions. A project is underway to pilot an evidence based manualised treatment group for managing severe anxiety which impacts on school attendance.

Barnet's Community Education Provider Network (CEPN) has commissioned a programme for primary care staff to consider how patients with medically unexplained symptoms (MUS) can be empowered and how primary care can aid recovery. Service users were included in the delivery of these sessions. The work is yet to be evaluated but it lays the foundation for further work in Barnet to address the needs of patients with MUS and help to redress the balance of supporting mental health with equal importance as physical health.

## What does Barnet's JSNA tell us?

### Mental health, mental wellbeing and social isolation

- Barnet has a lower prevalence of depression (4.3%) in adults than the national average (5.8%)
- across all ages, the prevalence of schizophrenic, bipolar affective disorder and other psychoses (0.95%) is lower than the London average (1.03%)
- emergency admissions for self-harm (109.9 / 100,000) are lower than the average for England (191 / 100,000) and the suicide rate (6.9 / 100,000) is lower than the national rate (8.5 / 100,000)
- the hospital admissions rate for poor mental health in children (aged less than 18 years) in Barnet is higher (167.6 / 100,000) than the average national rate (87.6 / 100,000)
- prevalence varies by age and gender, with males more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

### Domestic violence and violence against women and girls

- domestic violence along with parental mental ill health and substance abuse are the most common causes for referrals into social care and result in the poorest outcomes for children and young people
- the number of Multi Agency Risk Assessment Conference (MARAC) cases of domestic abuse associated with drug and alcohol use in Barnet nearly doubled between 2011 and 2013.

### Employment

- Barnet has a lower than average percentage of people with mental health conditions and learning disabilities in work than other areas
- there are significant differences in the proportion of working-age people receiving Job Seekers Allowance in different wards, the areas with the highest proportions being in Burnt Oak, Childs Hill and Underhill.



## What we plan to do

### Mental health and wellbeing

The number of people with mental health conditions is predicted to increase as the population grows. In November 2014, the Health and Wellbeing Board identified prevention of and early intervention in mental health problems as a priority. Mental health is our key priority in year one<sup>4</sup> of the JHWB Strategy with partners coming together to make a positive impact for all of our residents.

We will continue to implement national guidance including the recommendations that will come from the NHS England established taskforce to develop a five year forward view for mental health. We are hoping, through the JHWB Strategy, to build prevention and early identification into all we can to prevent and reduce mental health problems for our borough's residents. Many Public Health and community initiatives contribute to mental wellbeing across the lifespan such as pregnancy and parenting support, physical activity and self-care.

Barnet will run a wellbeing campaign focusing on taking responsibility for and improving mental wellbeing as well as tackling stigma. The campaign will embed wellbeing into current activity, share success stories and celebrate World Mental Health Day. We will also:

- develop a health champion programme in primary care focused on improving mental health and wellbeing
- review local pathways for antenatal and postnatal depression including promoting peer support
- be part of the pan London digital mental health support service
- maximise the potential of improvements to and changes in the management of open spaces, where this could support improved mental wellbeing.



### Health champion programme focused on improving mental health

All services and activities working with residents have a responsibility to identify where someone could benefit from support. Healthwatch Barnet Youth has been undertaking a survey into the awareness, training and confidence of schools' staff regarding mental health, following a series of workshops and focus groups with young people to determine their priorities and concerns on health.

Early mortality for people with severe mental health problems is widely documented. Treatment services are required to make changes at scale to re-focus on recovery, social inclusion and enablement. The Reimagining Mental Health project, facilitated by BCCG, is putting residents at the centre of mental health service delivery.

<sup>4</sup> From agreement of the JHWB Strategy in November 2015 - April 2017

The co-designed and co-produced model aims to deliver better, more targeted health services through a community-based approach.

BCCG has committed to the following commissioning intentions to:

- work with Enfield and Haringey CCGs to review Psychiatric Liaison Service provision
- review each 2015/16 contract for services for older people relating to multidisciplinary care in people's own homes that link with primary, secondary, social and voluntary and community sectors, and including access to Rapid Care, Triage Rapid Elderly Assessment Team, Post-Acute Care Enablement Service, Integrated Care Team and the Barnet Integrated Locality Team
- undertake, collaboratively across North Central London, an end-to-end pathway redesign of existing Child and Adolescent Mental Health Services (CAMHS) as our response to the national CAMHS Transformation agenda including a focus on the most vulnerable (including those with complex needs and/or special access needs)

- produce CAMHS out of hour's service, working with North Central London partners.

Alongside this, a new specification for mental health social work has been developed by the council to re-focus social work. Work is now underway to embed the model which includes Consultant Social Workers and integrated pathways as well as improving employment and accommodation.

### Social isolation

Feelings of social isolation and loneliness can be detrimental to a person's health and wellbeing. We will seek to improve the identification of people (children, young people, adults and older people) at risk of or experiencing social isolation (across the borough) through our Healthy Living Pharmacies, hospital discharge teams and substance misuse treatment services.

In Barnet, social isolation is especially prevalent in older women who live alone (more likely to be in areas of higher affluence and lower population density). We will develop targeted initiatives, building on current good practice and working with the voluntary and community sector, to encourage greater social contact. We will engage volunteers through befriending

schemes (particularly as a respite offer for carers) and promote ways for people to get involved locally such as in the borough's parks and green spaces and libraries.



## Preventing loneliness and isolation

The Barnet Provider Group has expanded its programme of activities which includes lunch clubs and befriending activities, tea dances and games afternoons. Activities have reached over 2,500 new people over the last 12 months. Many of these activities are delivered by volunteers (over 500 are involved). The benefits of volunteering are well documented and the majority of volunteers are older people themselves. The Barnet Provider Group plans to expand its befriending services during 2015/16 so that it can continue its work to prevent loneliness and isolation.

## Employment and healthy workplaces

There has been growing recognition that the relationship between health and work has a significant effect on the lives of individuals and on wider society.<sup>5</sup> When out of work, an individual's health is more likely to deteriorate and they risk falling into poverty. Nationally, for too long it was assumed that people with health conditions should be protected from work but in recent years evidence has shown how detrimental this approach can be to individuals and their families.

Barnet has been responding to the Welfare Reform agenda with a Welfare Reform Task Force. The Task Force brought together the council's housing officers, Jobcentre staff and health advisers into a single team to work with those impacted by Welfare Reform. This integrated team has engaged with 96% of residents affected by the Benefit Cap and helped over a third of them into work.

Engaged with **96%** of residents affected by the Benefit Cap

<sup>5</sup> Fitness for Work, Department for Work and Pensions (2013) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181072/health-at-work-gov-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181072/health-at-work-gov-response.pdf)

In the past, local authorities, Jobcentre Plus, Work Programme providers, and the local voluntary and community sector have generally operated in silos to help people into work. While this has produced some positive results, there remain pockets of disadvantage where communities are missing out on the opportunities that growth brings.

Burnt Oak Opportunity Support Team (BOOST), launched in April 2015 and based in the library, helps people find work through holistic support in their local area. The project is part of a West London Alliance approach called 'Working People, Working Places' and puts all relevant services together under one roof so all residents (whether they claim benefits or not) can access the targeted support they need to help them develop new skills and overcome any obstacles to employment that stand in their way. Key to the success of the model is the involvement of the local community facilitated by Love Burnt Oak who will help the service engage with more isolated residents.

The service is also supported by a commissioned service called Future Path that supports people with their mental health, physical health and employability side by side. The aim of the two year project is to boost incomes in the area, supporting people into work as well as supporting a measurable increase in the wellbeing of those supported. The BOOST team have already supported 63 people into work.

We will continue to take a personalised approach to support individuals to pursue their interest within their capabilities. There are opportunities for more partners to get involved in the BOOST project and work together to increase incomes and improve wellbeing.

When residents gain employment (including a return to employment following a period of ill-health) we want them to be healthy and we need to create healthy workplaces that support this. Around 300,000 people across the country fall out of work a year and into the welfare system because of health-related issues. The state spends £13 billion a year on health-related benefits, with employers facing an annual bill of

around £9 billion for sick pay and associated costs. Costs to individuals are around £4 billion in lost income. A healthy and happy workforce also improves the experience of our customers.

As we ask residents to take more responsibility for their own health, employers also need to take responsibility for the health and wellbeing of their staff, creating healthy environments and modelling healthy behaviours. The council and BCCG are two of the largest employers in the borough. The council is looking to achieve an excellence level for the London Healthy Workplace Charter and BCCG is implementing its Health and Wellbeing Policy. HWBB member organisations are committed to supporting their staff to be healthy at work and will promote and champion this agenda to partners such as Re and our health and social care providers as well as via Entrepreneurial Barnet which is Barnet’s public sector approach to making the best place in London to be a small business.

As not all of our residents will actually work in the borough, the HWBB will share its learning and experience across London, through the London Healthy Workplace Charter, to promote to other boroughs and partners.

The London Healthy Workplace Charter, a Greater London Authority programme, asks employers to review the support they offer their employees in a number of areas including stress prevention, the promotion of mental wellbeing, smoke free spaces, active travel, healthy eating, a reduction of excess alcohol consumption and the prevention of substance misuse.

## London Healthy Workplace Charter



**asks employers to review the support they offer their employees**

## How will we know we have made a difference?

Our performance measures for the theme “Wellbeing in the community” are:

- recruit 50 Health Champions in 2015/16 with further roll out to 2020
- increase the proportion of adults in contact with secondary mental health services in paid employment from 5.7% (2013/14) to 7% (2015/16) and continue to increase (2019/20)
- increase the proportion of adults with mental health needs who live in stable accommodation from 70.90% (2014/15) to 75% (2015/16) with the aim of being in the top 25% of comparable boroughs by 2019/20
- through improved CAMHS we will reduce the waiting time for eating disorder services, reduce self-harm admissions and A&E presentations, every young person presenting with self-harm or crisis to be seen within two hours regardless of setting and improve parent and teacher reported Strength and Difficulties Questionnaire (SDQ) to below threshold for referral
- support 240 people into work via BOOST in 2015/16 and 2016/17
- Barnet Council to achieve (by 2016) and maintain London Healthy Workplace Charter
- maintain or reduce the percentage of employees who have had at least one day off in the previous week (1.3% in 2010 – 2012)
- increase the percentage of adult social care users who have as much social contact as they would like from 41.4% in 2014/15 to being in the top 25% in England.

### More stable accommodation for adults with mental health needs



## 6. How we live

### Highlights

Barnet has embraced the transition of public health from the NHS to the Local Authority using this as a key way to address the wider aspects critical to health and wellbeing. Some successes include the commission of substance misuse services which will address fragmentation of services, school nursing, health visitors transfer preparation and increase in NHS Health Checks.

Public Health has also developed a Substance Misuse Strategy which coordinates activities to prevent and protect residents from harmful substance misuse as well as promote and sustain recovery through collaboration, training, social marketing and reviewing local licensing. An Implementation Group, led by Public Health, has been established to take forward key areas of action overseen by the HWBB as well as the Community Safety Partnership. Further to this, enhanced training of Barnet GPs in health promotion for patients with mental illness is part of the Reimagining Mental Health plan.

Barnet and Harrow joint Public Health service is working in collaboration with the West London Alliance (WLA) and the majority of boroughs

across London as part of collaborative sexual health (genitourinary medicine, GUM) service commissioning arrangements. The major new service tendering, expected in 2017, will reduce service fragmentation, improve access and early intervention which in turn will reduce unwanted pregnancies and onward transmission of sexually transmitted infections (STIs) as well as aiming to tackle escalating costs.

Taking action locally, we have organised a number of pop up screening events to increase the early identification of disease. The pop up shops and health promotion events have provided information on healthy lifestyles and their contribution to cancer prevention, symptoms and the importance of early presentation and diagnosis and screening.

The Obesity Pathway group, with a membership of BCCG, schools, leisure and providers, has been exploring improvements to the child weight management pathway. Healthy Weight Nurses were appointed in 2015 and after being in place for six months, the nurses had engaged with 25 children on a 1:1 basis, reporting that almost all had shown positive behaviour change and,

as a consequence, six had already lost weight. The team has also noticed behaviour changes in the families of the children they have engaged with. Another aspect of our Child Weight Management programme is Alive and Kicking which, through information on nutrition and physical activities, is successfully supporting weight loss. Alive and Kicking is also engaging with schools and parents to embed healthy weight principles.



For adults, the Obesity Strategy Group has expanded following a commitment to develop a Healthy Weight (Obesity) Strategy and action plan. An adult Weight Management Service development is underway.

Barnet Council is committed to working with its contracted leisure provider to enhance and develop varied opportunities. This has been highlighted by the total number of 'GLL Better Inclusive' members, a membership aimed at encouraging participation of people with disabilities which peaked at 733 in 2015.

## What does Barnet's JSNA tell us?

### Healthy Lifestyles

- smoking, bad diet, and a lack of exercise are the main causes of premature death in Barnet
- rates of sexually transmitted infections are lower than London rates. However, there are lower detection rates of chlamydia (16%) than England (24.9%)
- in Barnet, only 1% of all trips between 2007/08 – 2009/10 (baseline figures) were made by bike
- pollution levels are higher along arterial routes, particularly the North Circular, M1, A1 and A5.

### Long term conditions

- the rate of emergency hospital admissions due to stroke is significantly higher in Barnet than London or England
- the prevalence rate of diabetes is forecast to rise at both national and local levels and this increase could be even higher if diabetes risk factors such as obesity are not addressed.

### Screening

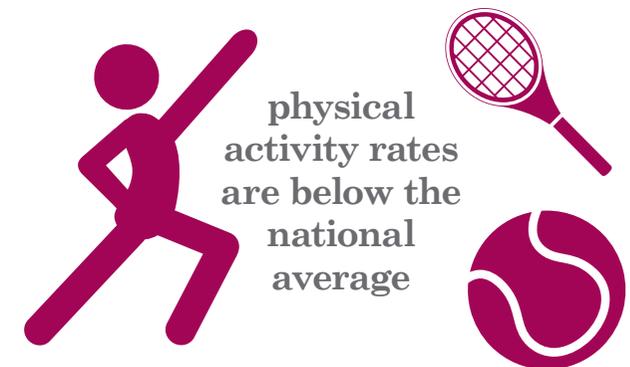
- screening rates for cervical cancer (68.8%) and breast cancer (71.2%) are significantly lower in Barnet than the England average (74.2%; 75.9% respectively).

### Sport England – Active People Survey Data (APS)

The number of people playing sport is tracked continuously through Active People – the largest survey of sport and active recreation ever carried out in Europe. Active People provides information on the national and local picture of who is taking part in sport and how are they participating.

APS 9 Quarter 2 (April 14/2015) evidences significant levels of inactivity within Barnet:

- 37.9% of the population currently participate in activity at least once a week (moderate intensity for 30m or more)
- 17.1% total number of population participating in activity 3 or more times per week (moderate intensity for 30m or more)
- 51.9% of the population do not currently take part in any sport
- inequalities are apparent as current research demonstrates 46.1% of men currently participate in activity once or more per week (30m more)
- 30.2% of women currently participate in activity once or more per week (30m more).



## What we plan to do

### Sport and physical activity

Barnet Sport and Physical Activity Needs Assessment (2012) highlighted that whilst health behaviours and outcomes are more favourable in Barnet than in England as a whole, sport and physical activity rates and the use of outdoor spaces are below the national average.

A breadth of evidence demonstrates that a more active lifestyle is essential for physical and mental wellbeing. Regular physical activity helps to reduce the risk of stroke, type II diabetes, development of dementia, incidences of heart disease, cancers and high blood pressure. Physical activity supports the prevention and management of long term conditions as well as being a component of achieving and maintaining a healthy weight.

Physical inactivity currently costs the UK economy £7.2 billion. Additional costs are incurred via the wider economy; through sickness absence, premature death of productive individuals and increased costs for individuals and their carers.

Within Barnet, the health costs of physical inactivity currently cost £6.7 million. This is

approximately £1.9 million per 100,000 of the Borough population. However as measured by the Sport England Active People Survey Data (APS9 Quarter 2) 43.8% of the Borough are currently inactive and would like to do more.

We aspire to ensure our residents lead an active and healthy lifestyle. Our ambition is underpinned by a commitment to:

- improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents:
  - reflect public health outcomes within a new leisure management contract (from 2018)
  - refurbish and redevelop of leisure facilities.
- advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services:
  - facilitate mutually beneficial partnerships that connect and align services to deliver a more cost effective physical activity pathway
  - develop the Fit & Active Barnet network that encourages engagement and collaboration.

- facilitate partnerships and develop opportunities that demonstrate a commitment to embed an ‘active habit’. We will:
  - work with local, regional and national partners
  - ensure opportunities are concentrated in a range of settings to sustain future activity; schools/colleges, workplace, community, leisure, travel and open environment
  - assess the supply, demand and quality of playing pitches. Leading to the adoption of a Barnet Playing Pitch Strategy
  - develop and improve the accessibility and quality of open spaces across the borough to support healthy outcomes, underpinned by the Barnet Open Spaces Strategy (including allotments and safety)
  - utilise open space to co-ordinate and support recreational and competitive activity, inclusive of Outdoor Gyms
  - promote and support of clubs, initiatives and activities within Barnet

- through local infrastructure organisations, we will support individuals and communities to take ownership and responsibility for sustainable sports and physical activity options
- facilitate a Community Sport and Health Activation project in Burnt Oak and Colindale. A project targeting young people 11 – 19yrs, supported by Sport England and additional partners
- work with our Volunteer Centre to develop volunteering opportunities and recruit and retain volunteers, increasing and tailoring workforce development
- provide the structures required for individuals to recognise their sporting potential
- make healthy choices the easiest and first in the built environment such as consideration of the placement of stairs in new buildings.
- target those who do not traditionally engage. To increase participation amongst under-represented groups such as women and girls, people with disabilities,

people from BAME communities, children and young people and older adults we will:

- widen access to ensure that facilities and open spaces are better used by the communities they serve
- work in partnership with providers to develop sustainable activities targeted at those people at risk of developing long term health conditions
- support early intervention and health promotion pathways such as the children and young people's obesity pathway and cardiovascular disease, highlighting the benefits of leading an active lifestyle. We will improve the post Health Check service offer to ensure that people engage in services and lifestyle changes where necessary
- support and promote activities provided by local organisations such as Love to Move for people over 50 delivered by Age UK Barnet and Saracens Sport Foundation
- create and support stronger and safer communities ensuring that activity venues are welcoming, secure and experiences are positive

- tackle the barriers facing the most disadvantaged and enabling them to reach individual potential
- ensure there is a commitment to provide affordable participation opportunities for those who experience cost as a barrier for example concessionary based schemes within leisure centres
- engage community and faith leaders



- retain English Federation of Disability Sport (EFDS) Inclusive Fitness Initiative Accreditation at Burnt Oak Sports Centre, exploring expansion and commitment within the leisure facility portfolio
- support Barnet Centre for Independent Living (BCIL) to deliver 'The Into Sport' project which is a Sport England funded initiative assembled through

a partnership between Inclusion London, Interactive and five London DPOs (disabled people's user led organisations). The project takes a creative approach to tackling barriers faced by disabled people in accessing sport and physical activity.

### Wider public health workforce

The definition of the Public Health workforce is changing to highlight how public health is everyone's business. To make the biggest impact we need to utilise the wider public health workforce which consists of individuals who are not specialists in Public Health but who have the opportunity to improve the public's health and to create inclusive communities and places. A training resource will be developed to upskill staff (from all sectors) who interact with residents to maximise the opportunities for face-to-face contact to promote good health, social care and wellbeing information, messages and signposting. The training will also support the identification of hidden carers. Specific training is also available such as Raising the Issue of Weight training to support professionals to discuss weight issues with residents. We will also promote and improve signposting resources.

### Regeneration

The borough's ambitious regeneration and growth programme provides an opportunity to develop new lifetime neighbourhoods that promote independence and wellbeing.



Being aware that the environment in which people live impacts their health, we will build public health into all our regeneration and transport projects including the provision of new health facilities and plans to encourage active travel. The high street, at the heart of local community, offers an ideal platform for health promotion. Where possible, we will create healthy high streets including health champions and stores making healthy options easier. We will also consider the proximity of fast food outlets to schools, colleges, leisure centres and other places children gather. We will also

link regeneration programmes with child friendly and dementia friendly community developments. We will drive this through our Entrepreneurial Barnet Board supported by national programmes such as NHS England's Healthy New Towns. We will also look at the role Health Impact Assessments play in planning.

Where comprehensive development and regeneration is taking place across the borough (particularly at Colindale and Brent Cross), a wide range of investment programmes are planned to secure improvements to health outcomes for those populations already living in and new residents moving to those areas.

These include:

- expanded or new integrated use local primary care facilities
- new high quality and energy efficient housing to replace existing non-decent housing stock
- travel planning, public transport, parking measures and highways improvements to enable travel choices
- new schools that can help improve educational and family lifestyle outcomes
- new community and youth facilities to promote social engagement and support positive local community activities.

## Screening

Increasing screening uptake remains a priority. NHS England has lead responsibility for screening performance. Public Health will work with NHS England to explore appropriate service delivery in line with best practice to improve the uptake of all screening including cancer screening programmes.

### How will we know we have made a difference?

Our performance measures for the theme “How we live” are:

- increase by 1%, the percentage of active adults 14 years and over (as measured by Sport England Active People Survey) by 2020 (currently 37.9%)
- increase the total number of leisure centre members (all categories) from 26,400 to 30,000 in 2020
- increase total leisure centre attendances (1,149,290) by 2% by 2020
- increase participation (as measured by Sport England active people survey) by 1% for the following groups by 2020:
  - females 16 years and over, currently 30%

- older adults (55 and over), currently 27%
- people with disabilities, currently 733.
- reduce excess weight in adults (55.7% in 2014/15)
- cumulative percentage of the eligible population aged 40-74 who are offered (33.4%) and take up (8%) a NHS Health Checks to become more targeted
- reduce the prevalence of children classified as overweight and obese by 0.5% for each group (4 – 5 year olds overweight, 4 – 5 year olds obese, 10 – 11 year olds overweight, 10 – 11 year olds obese) by 2020
- increase the uptake of screening.

We will also monitor the following:

- an increase in life expectancy and healthy life expectancy including decreasing inequalities (between wards and genders)
- reducing the prevalence of CHD and cancers.

## 7. Care when needed

### Highlights

Barnet has improved access to care and support by:

- launching a new universal deferred payments scheme
- providing prevention services, promoting wellbeing and focusing on delaying or preventing the need for social care services
- improving information and advice services, enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how to fund it
- implementing a service to support self-funders to arrange and manage their community care (users pay a fee to cover costs)
- promoting Information and Advice providers including Social Care Direct
- changes to support services for carers as well as establishing an assessment for carers own needs and implementing changes of eligibility for carers

- continuing to meet Equalities Duties and provide a person centred approach, for those with specific access needs we provide interpreters and information in a variety of formats. We are currently reviewing our telecare and sensory equipment offer.

Carers can access mainstream and prevention services to promote their health and wellbeing for example they can receive health checks for themselves and obtain information and advice about benefits. Following a carers assessment and development of a personalised Support Plan, the council offers further support options including obtaining a direct payment to meet their identified and eligible needs and outcomes; and respite given to the person they look after. There are specialist support services for carers delivered through a lead provider who work with voluntary and community sector partners to provide short breaks so carers can have time off from caring; peer and group support; training in manual handling and help with emergency planning.

With support from the council, a Parent Carer Forum has been established in Barnet with

a membership of over 100 parent carers.

The forum will be a resource for consultation, vital at a time of service development alongside the wider Carer's Forum.

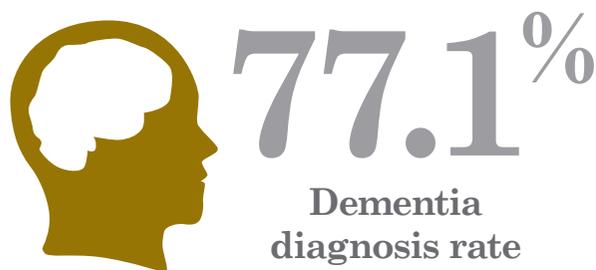
Integrated care and encouraging self-care were identified as priority areas by the Health and Wellbeing Board in November 2014 and since then a key focus of the board has been to deliver better care for people with complex health care needs. The council, BCCG, voluntary and community sector as well as providers are working together to create ways for people to remain in their own homes for longer.

In line with our prevention aims and to reduce the pressure on accident and emergency departments, we have been developing community models of care. The borough has established a Healthy Living Pharmacy (HLP) model with 28 pharmacies (of the 78 in Barnet) signed up to providing a health and wellbeing support service to patients.



**28/78 pharmacies  
have signed up  
to providing  
support services**

Our commitment to support people to live meaningful, fulfilling lives whatever their ability or disability is also evident in our Winterbourne View Concordat progress. There are active discharge plans in place for many of the remaining patients. Commissioners and care co-ordinators are working closely with existing and new providers to develop solutions which are in the patients' best interests.



Barnet achieved the 67% dementia diagnosis national target for 2014/15 with a 67.7% result and, as of August 2015, we have achieved a 77.1% diagnosis rate. This means that three quarters of the people estimated to be living with dementia in Barnet have a diagnosis.

The re-configured Memory Assessment Service, provided by Barnet, Enfield and Haringey Mental Health Trust, became fully operational in July 2014. The service provides a holistic assessment for people with memory problems and has the capacity to meet the needs of a growing population of older people with dementia.

Located with this service, is Barnet's Dementia Advisor service which provides specialist information and advice at the point of diagnosis and a point of contact on an ongoing basis. Four Dementia café's provide opportunities for people with dementia and their carers to gain information and advice and take part in a range of activities.

The Early Stroke Discharge team provides specialist stroke rehabilitation care and a seamless transfer from hospital to home for stroke survivors. Barnet's post-acute services such as stroke review and specialist information and advice ensure that the recovery potential for people following a stroke is maximised. The stroke review service re-assesses an individual's health, social care and therapy needs at six months post stroke, improving their recovery potential. The review can pick up the need for further prevention services so reducing the likelihood of a second stroke.

### What does Barnet's JSNA tell us?

Our older population

- Barnet has a higher proportion of people aged 85 and over (3.1%) compared to Outer London (1.8%) and the UK (2.3%)

- currently, Garden Suburb and High Barnet have the largest proportion of people who are over 65, both at 18.1% of the population within the ward. Over this period, Brunswick Park and Hale are projected to experience relatively higher levels of growth in the proportion of the population aged 65 and over, increasing by 5.8% and 5.5% respectively
- the over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate goes higher in successive age bands; over-65 population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.

### Health and social care

- despite continued growth in the adult population, the number of people in receipt of residential care and nursing care has decreased from 1,441 in 2011/12 to 1,367 in 2013/14 (a decrease of 5.1%)
- overall the percentage of diabetic people having all 8 health checks in Barnet is below the national rate
- increasing demand on urgent and emergency care with Barnet Accident

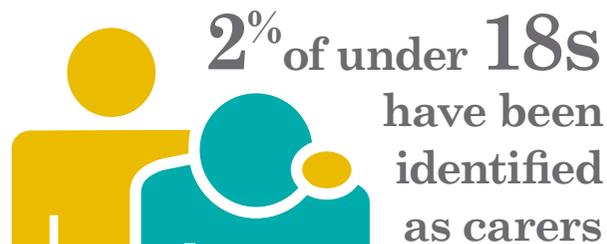
and Emergency activity recording an increase in 14/15 compared to 2013/14

- Barnet has a higher population of people with dementia than many London boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London
- the incidence of tuberculosis (TB) in Barnet (25.9 per 100,000, three year average) is lower than the London regional rate (39.6 per 100,000) but higher than the rate in England (14.8 per 100,000). Barnet has a higher number of drug resistant TB cases than the average number of these cases in London.

### Carers

- in 2011 there were 32,256 residents who classified themselves as a carer in Barnet. The 25 – 49 year old age group had the largest number of carers (12,746)
- in relation to the total population, Brunswick Park and Underhill have the highest rate of carers (10.5% of the population), whereas Colindale has the lowest (6.90% of the population)
- young carers are at particular risk of remaining hidden from services, in Barnet we

have identified 2% of under 18s to be carers but there is a large gap in identification of 16 – 17 year olds with a caring responsibility



- on average carers are more likely to report having poor health (5.2%) than non-carers (4.2%), especially among carers who deliver in excess of 50 hours of care per week. One in 5 young carers describe their health as being only fairly good or even poor
- young carers are also 1.5 times more likely to have a disability, long term condition and special educational needs than non-young carers
- young carers are twice as likely not to speak English as their first language
- the Carer's Survey shows that whilst carers reporting satisfaction with the services they received has decreased from 74.7% 2012/13 to 68.1% in 2014/15, satisfaction has remained stable for people who are cared for (88.3% of service users in 2013/14 and 88.2% of service users in 2014/15).

### What we plan to do

#### Carers

Carers are being recognised nationally for their contribution. Carers are being prioritised in the JHWB Strategy due to their crucial role and their own health and wellbeing needs which will increase as more people choose and are supported to remain at home for longer. According to Carers UK, there are 6.4 million carers in the UK reducing the national care bill by an estimated £119bn per year, equivalent to £18,594 per carer. Each caring situation is unique and every carer has different needs and priorities. It is important to identify carers, and where needed, support them to carry out their caring role whilst protecting their own health and wellbeing.

A caring role can develop and change gradually overtime or an individual (parent, partner and sibling) may not regard what they do as caring which means that identifying carers is difficult. Awareness needs to be raised with residents to understand what caring is and that it is ok to ask for help. To increase the identification of unknown carers we will:

- develop campaigns for the following:

- areas with a high population of older people such as Garden Suburb
- work with schools and colleges to develop effective outreach to identify carers who are aged 16 - 17
- people from BAME communities to ensure literature and information is accessible.
- work with businesses (including pharmacies), through Entrepreneurial Barnet, to ensure that businesses understand their responsibility, as employers and in interactions with residents, to identify and provide carers with the flexibility they require to work and care
- ensure services working with adults identify children and young people (and where they have caring responsibility) at an early stage and make referrals as necessary such as drug and alcohol services and enablement services as well as voluntary and community sector providers.
- making sure carers have access to high quality support when they need it including advice about their entitlements and services available
- providing specific training for young carers in the areas of learning disability, physical disability and mental health (including dementia) so they are better equipped in their caring role
- developing the respite offer for carers, through our local volunteering service and through the council's contracted lead provider
- ensuring that services are developed with carers and their cared for in mind particularly prevention provision and services for people with long term conditions such as dementia and stroke
- actively involving carers in at all stages of strategic and service commissioning. The council and BCCG are committed to making sure that the voice of carers shapes the services available to them, and monitor the effectiveness and standards of what is available.

To support carers to have a life of their own, positive health and wellbeing as well as supporting our most vulnerable carers, we will embed the needs of carers across the priorities of the JHWP Strategy as well as:

## Dementia

Our aim has been to focus on early and timely diagnosis, improving information and supporting people with dementia and their carers in the early stages. Our Barnet Dementia Manifesto sets out what we aim to do next, for example, increase public and professional awareness and understanding of dementia. Recognising particular housing needs, the council will increase the supported housing options for people with dementia and their carers, linked to health and care support and other community facilities by 2025.



## Increasing the supported housing options

## Palliative and End of Life Care

Two thirds of people that die every year are 75 years of age or older. However deaths in England and Wales are expected to rise by 17% from 2012 to 2030. Traditionally palliative care services have been oriented towards cancer care; however people with a whole range of other conditions including cardiovascular, respiratory, neurological disorders and dementia should also be accommodated. To date the proportion of people with non-cancer diagnoses accessing specialist palliative care services has remained low.

With both the palliative and end of life care being a priority for Barnet, a review of the current pathway is underway in order to ensure that patients are supported to die in their preferred place of choice. We will:

- work with the voluntary and community sector to:
  - improve the availability of relevant information to individuals and their carer
  - raise awareness of the importance of talking about dying and death as well as getting your affairs in order.
- continue to ensure timely identification of the end of life phase, this will involve linking the

palliative care register with other long-term condition registers

- further develop our local processes for access to rapid response end of life care in the community.

## Health and social care integration

The Health and Wellbeing Board has a clear vision for the integration of health and social care for frail elderly people and people with long-term conditions in Barnet (to deliver our Better Care Fund objectives) and has set up an ongoing programme of work to deliver it which includes:

- encouraging residents to be involved in and take responsibility for their health and wellbeing in order to support independence. Programmes which develop social capital are achieving great outcomes such as the neighbourhood services and voluntary and community sector initiatives:
- building teams across primary and community health and social care to support people with complex long term conditions
- Barnet Integrated Locality Team – to improve the coordination and quality of care

- develop the Health Living Pharmacy model to improve the public health service offer across the borough
- looking at where integration of commissioning can be explored with neighbouring boroughs.
- encouraging friends and families to refer to social care services, earlier as currently a large majority of referrals to social care are from either primary or secondary care settings
- embedding prevention through system transformation including changing the patient-professional conversation which our Heath Champion pilot in 2016 aims to achieve with roll out from 2017.

We will design and develop services with voluntary and community sector groups and residents to ensure that needs are considered, for example we will work with Barnet Senior Assembly to improve the quality of and access to information and advice for older people.



In terms of the Winterbourne View Concordat (Assuring Transformation), there have been no new in or out of borough hospital admissions since September 2014. The BCCG's Continuing Health Care team continues to work closely with the Integrated Community Learning Disabilities service to identify and plan appropriate support for those at risk of admission. A whole system approach is required to achieve better outcomes for our residents. When someone needs care and support, they need services that are joined up around individual needs, including those of carers. Personal Budgets and Personal Health Budgets (PHBs) are central to this approach. NHS England guidance requires CCGs to include people with learning disabilities in long stay hospitals for PHBs.

Gearing Up is a partnership programme led by Barnet Mencap alongside Barnet BCCG (Continuing Healthcare Staff), the council and parent carers piloting Personal Health Budgets for people with learning disabilities. PHBs aim to develop innovative, personalised accommodation, care and wellbeing solutions for individuals and presents a huge opportunity for the health and social care market to diversify and personalise their service offer to creatively meet the needs of residents. There are also

opportunities to explore this with neighbouring boroughs. At the present time, there are 10 individuals who have a PHB in Barnet. With local stakeholders we will develop a local offer during 2016 where PHBs become the default offer for people receiving Continuing Healthcare and other individuals.

### Primary care

The success of the Health and Social Care Integration model relies on significant changes in primary care delivery. Improving access, quality and outcomes in primary care will reduce hospital admissions. Improving primary care is a key strategic goal of BCCG and across North Central London to:

- jointly co-commission primary care with NHS England
- coordinate care around the needs of the patient
- building on existing Primary Care Networks, support the continued development of Networks, across the borough, to deliver a wider range of enhanced services, delivered at scale, within a primary or community setting, that allows for improved access to seven days a week

- promote health and wellbeing (improve uptake of Health Checks for people aged 40 – 74)
- recruit and retain the best staff
- provide high quality and safe premise and practice.

Locally, building on the work of Healthwatch Barnet, we will encourage service user feedback and improve the collection of patient experience information. Primary care services are keen to work with partners to improve service quality such as Barnet Mencap detailing the experiences of people with learning disabilities and autism.

Tuberculosis (TB) is a disease that is preventable and treatable yet it remains a major public health problem in London. In January 2015, Public Health England and Department of Health released the Collaborative TB Strategy for England, 2015-2020. In July 2015, the Health and Wellbeing discussed a new approach to control TB in the borough which includes developing a Latent TB Infection screening programme for new registrants targeted a people aged 16 – 34 and from countries of high prevalence. This will require a local programme network to develop and an application for available funding.

## How will we know we have made a difference?

Our performance measures for the theme “Care when needed” are:

- in 2014/15 Adult Social Care assessed 1364 carers and there were 5950 registered carers at the Carers Centre. We aim to increase the identification of unknown carers by 10% by 2015/16 and continue to increase this to 2019/20
- increase the number of carer assessments resulting in information, advice and services being provided from 1160 who received direct support following an Adult Social Care assessment in 2014/15 to being in the top 25% of comparable boroughs by 2019/20
- increase the percentage of adult carers who have as much social contact as they would like from 35.8% (2013/14) to being in the top 25% of comparable boroughs by 2019/20
- increase the proportion of carers satisfied with social services from 34.6% (2013/14) to 35.7% (2015/16) aiming for the top 25% of comparable boroughs by 2019/20
- maintain the diagnosis rate of 77.1% and continue to meet the 12 week referral to diagnosis target
- increase the proportion of people who feel in control of their own lives from 73.3% (2014/15) to the top 25% in England by 2019/20
- increasing choice and control through Personal Health Budget, moving from ‘we do this for some people’ to ‘we do this for most people’ in 2016 (Makers of Progress scorecard)
- reduce permanent admissions to residential and nursing care homes of 13.5 per 100,000 population (of 18 – 64 year olds) in 2014/15 to be in the upper quartile in our comparator group by 2019/20
- increase the proportion of older people still at home 91 days after discharge from 73.8% (2014/15) to 81.5% (2015/16) with the aim of being in the top 10% in the country by 2019/20
- increase the detection of TB, targets for the latent screening programme to be confirmed
- working with NHS England and partner organisations to reduce the proportion of people reporting a very poor GP experience.

## 8. Target setting, monitoring and governance

The targets chosen in the JHWB Strategy are considered most relevant to the strategic priorities. Most of the data which will be used to monitor achievement against targets is already being collected and monitored by one of more of the agencies on the Health and Wellbeing Board, which avoids duplication.

The targets will be regularly monitored and reported to the Health and Wellbeing Board to assess progress.

While this is a four year strategy, the targets will be reviewed annually, taking on board the latest intelligence and recommendations. The results will be published so that the public are easily able to track our progress in achieving our priorities set out in our Joint Health and Wellbeing Strategy.



## 9. Appendix: Barnet’s Health and Wellbeing Board

The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where key leaders from the health and care system work together to improve the health and wellbeing of local communities.

The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through development and implementation of Barnet’s Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.



**working together to improve  
health and wellbeing**

**The membership of the HWBB (November 2015)**

<b>Chairman:</b> Councillor Helena Hart	<b>Vice-Chairman:</b> Dr Debbie Frost (Barnet Clinical Commissioning Group Chair)
<b>London Borough of Barnet</b>  Two Councillors: <ul style="list-style-type: none"> <li>• Chairman of Adults Safeguarding Committee</li> <li>• Chairman of Children, Education, Libraries and Safeguarding Committee</li> </ul> Director of Adults Social Services  Director of Children’s Services  Director of Public Health	<b>Barnet Clinical Commissioning group (BCCG)</b>  Two BCCG Board Members  Chief Operating Officer
Director of Adults Social Services  Director of Children’s Services  Director of Public Health	<b>NHS England</b>  One representative
Director of Adults Social Services  Director of Children’s Services  Director of Public Health	<b>Observer member</b>  (Speaking, non-voting rights)  Independent Chair of the Safeguarding Adults and Children Boards
Director of Adults Social Services  Director of Children’s Services  Director of Public Health	<b>Healthwatch Barnet</b>  Head of Healthwatch Barnet

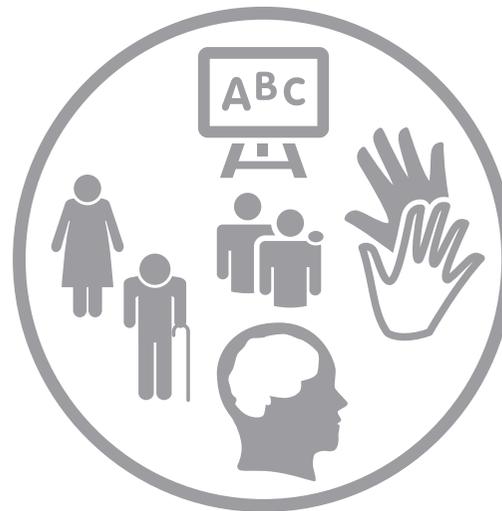
Barnet's Health and Wellbeing Board has been functioning in shadow form since 2012 and functioning a statutory body in April 2013 and has achieved the following:

- agreed the final plans for Barnet's Better Care Fund
- supported Barnet CCG's proposal to joint co-commission (with NHS England) primary care alongside the North Central London CCGs
- approved Public Health 5-year Commissioning Plan
- agreed for Public Health to commission the Fit and Active Partnership Board to be set up
- supported the commissioning of a Tier 2 adult weight management service
- reviewed our progress against the Disability Charter
- identified the need for a local Dementia Manifesto
- received Healthwatch Barnet reports highlighting issues on:
  - meals in hospitals
  - the hospital discharge process
  - improving awareness of local services.

- took responsibility for health and wellbeing issues in the Children and Young People Plan.

Barnet's Health and Wellbeing Board has three subgroups: Early Years Subgroup, Finance Group and the Health and Social Care Integration Board.

The Health and Wellbeing Board works closely with Barnet's five Partnership Boards (Older People's Partnership Board; Mental Health Partnership Board; Learning Disabilities Partnership Board; Carers Strategy Partnership Board; Physical and Sensory Impairments Partnership Board). Members of the Health and Wellbeing Board and the Partnership Boards are brought together at twice yearly summits which are a forum for collaborative working.



To access more information about the Board including the Board's work programme, agenda and papers visit: <https://barnet.moderngov.co.uk/ieListMeetings.aspx?CIId=177&Year=0>



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For more information visit:  
[www.barnet.gov.uk](http://www.barnet.gov.uk)